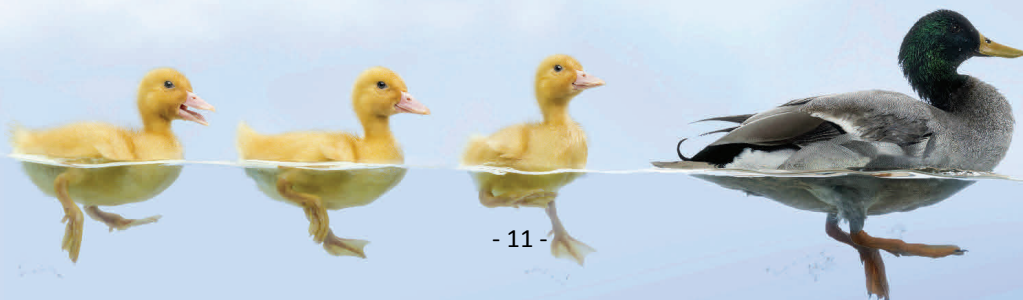


# All About Me

The first section of this guide is designed to help you record important information about yourself. It also provides a place to jot down care instructions for your home and possessions.

My Personal Information	
<b>My Given Name:</b> (as it appears on your birth certificate)	<b>My Preferred Name:</b> (name you are known by, if different than birth name)
<b>Place of Birth:</b>	<b>Date of Birth:</b>
<b>Canadian Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Citizenship Information:</b>
<b>Home Phone #:</b>	<b>Cell Phone #:</b>
<b>Business Phone #:</b>	<b>E-mail Address:</b>
<b>Street Address and City:</b>	<b>Province and Postal Code:</b>
<b>Location of ID Papers:</b> (Birth Certificate, Passport, Citizenship papers, etc.)	<b>Social Insurance #:</b>
<b>Any other important information:</b>	

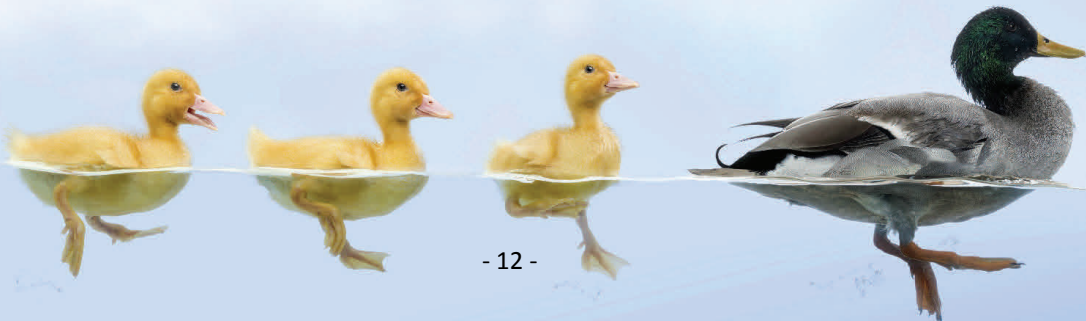
*All About Me*



# My Health Care Information

## My Doctors, other Care Providers and Health Information

<b>Family Doctor:</b>	<b>Address and Phone #:</b>
<b>Other Care Provider (Name and Role):</b>	<b>Address and Phone #:</b>
<b>Other Care Provider (Name and Role):</b>	<b>Address and Phone #:</b>
<b>Other Care Provider (Name and Role):</b>	<b>Address and Phone #:</b>
<b>Other Care Provider (Name and Role):</b>	<b>Address and Phone #:</b>
<b>My Health Insurance Company:</b>	<b>My Policy #:</b>
<b>Company Address and Phone #:</b>	<b>Additional Health Insurance Information:</b>
<b>Health Card #:</b>	<b>Location of Health Card/Medical Records:</b>
<b>Pacemaker:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Organ Donation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I have completed a will:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Location of Will:</b>



# My Substitute Decision Maker

One of the most important steps in getting your ducks in a row is determining who your Substitute Decision Maker (SDM) is for health care if you become mentally incapable of making health care decisions for yourself. In Ontario, every person automatically has someone who will have legal authority to act as his or her SDM if he/she becomes incapable. Your SDM will be the person who has the highest ranking on the **HIERARCHY of SDMs listed below**.

You may decide that you are satisfied having that highest ranking individual(s) act on your behalf should you become incapable, or you may choose someone else. This can be done through naming or appointing a [Power of Attorney for Personal Care](#). Substitute Decision Makers and/or Powers of Attorney for Personal Care cannot engage in advance care planning, but can only give or refuse consent to treatment or make other health decisions when you are incapable.

Your Substitute Decision Maker should be someone you trust, someone you feel you can talk to about your wishes regarding your medical care, someone who will honour and follow those wishes.

[Community Legal Education Ontario](#) offers more information on SDM(s) and Power of Attorney for Personal Care in Ontario.

## Substitute Decision Maker Hierarchy

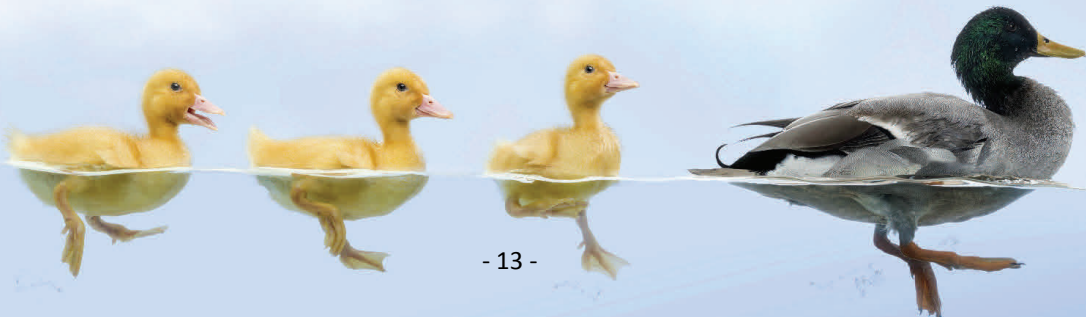
The following is the Hierarchy of SDMs in the Health Care Consent Act, s.21:

1. Guardian of the Person with authority for Health Decisions
2. Attorney for personal care with authority for Health Decisions
3. Representative appointed by the Consent and Capacity Board
4. Spouse or partner
5. Child or Parent or Children's Aid Society (person with right of custody)
6. Parent with right of access
7. Brother or sister (if more than one, all)
8. Any other relative
9. Office of the Public Guardian and Trustee

I have discussed my wishes regarding my future health care and completed a Power of Attorney of Personal Care:  Yes  No

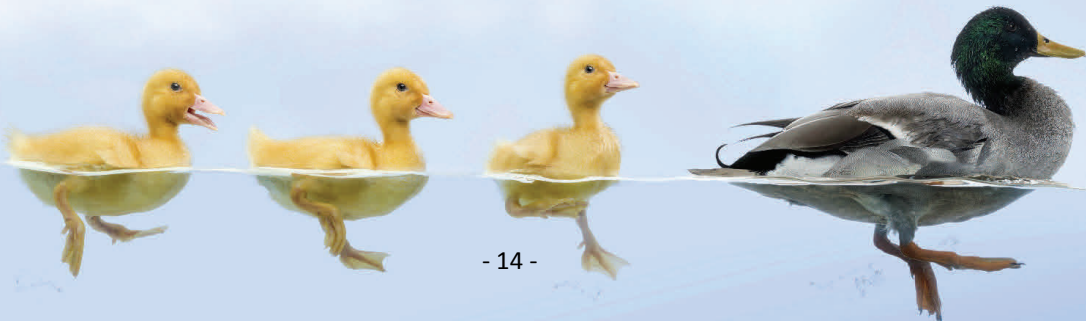
My Substitute Decision Maker(s) is/are:

Location of My Power of Attorney for Personal Care:



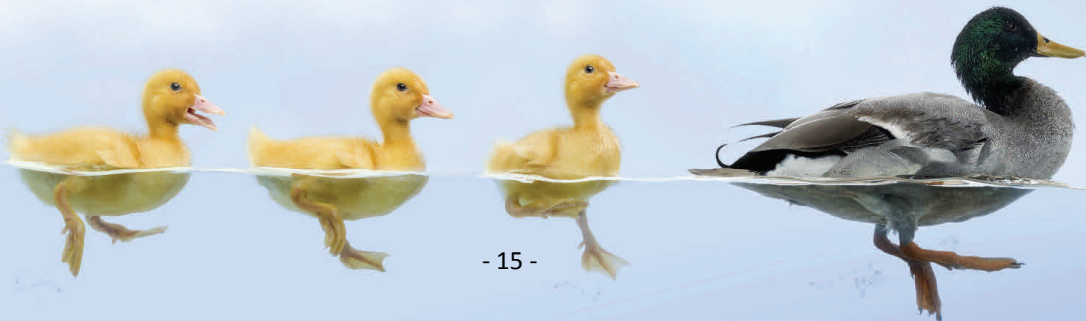
## My Banking Information

<b>Name of Primary Financial Institution:</b>	<b>Address and Phone #:</b>
<b>Type of Account and Account #:</b>	<b>Type of Account and Account #:</b>
<b>Type of Account and Account #:</b>	<b>Type of Account and Account #:</b>
<b>Other Financial Institution:</b>	<b>Address and Phone #:</b>
<b>Type of Account:</b>	<b>Account #:</b>
<b>Type of Account:</b>	<b>Account #:</b>
<b>My Statements are Filed Here:</b>	<b>I Keep My Cheque Books Here:</b>
<b>Other Information:</b>	



## My Financial and Credit Card Information

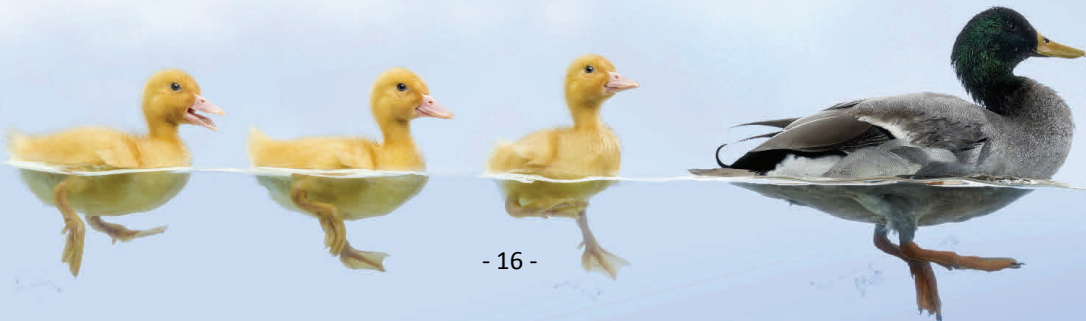
<b>Name of my Financial Advisor:</b>	<b>Contact Information:</b>
<b>Name of my Accountant:</b>	<b>Contact Information:</b>
<b>Credit Card Type:</b>	<b>Credit Card #:</b>
<b>Credit Card Type:</b>	<b>Credit Card #:</b>
<b>Credit Card Type:</b>	<b>Credit Card #:</b>
<b>Credit Card Type:</b>	<b>Credit Card #:</b>
<b>Location of my Safety Deposit Box:</b>	<b>Location of Key/Rental Agreement:</b>
<b>Names and contact information of people I have designated to access my safety deposit box:</b>	



# My Savings Plans and Investments

Example: Mutual Funds, Registered Retirement Savings Plan (RRSPs), Stocks, Bonds, GICS, etc.

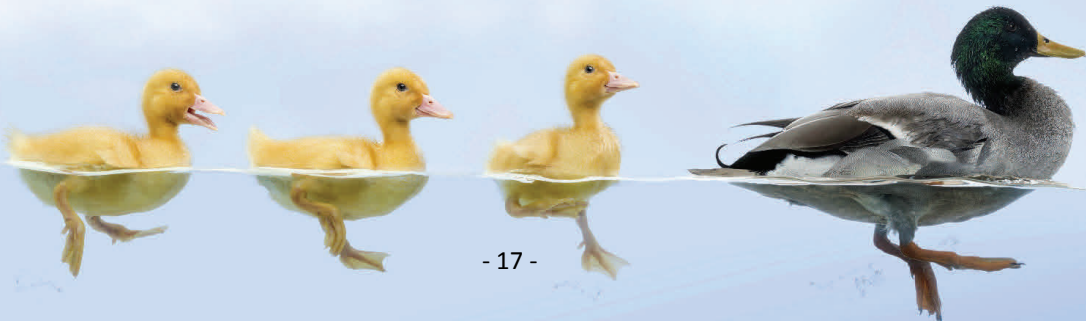
<b>Type of Investment:</b>	<b>Held By:</b>
<b>Additional Information:</b>	
<b>Type of Investment:</b>	<b>Held By:</b>
<b>Additional Information:</b>	
<b>Type of Investment:</b>	<b>Held By:</b>
<b>Additional Information:</b>	
<b>My Accountant:</b>	<b>Contact Information:</b>



# My Company Pension and Insurance

## Pension and Life Insurance Information

<b>My Pension Policy/Plan #:</b>	<input type="checkbox"/> <b>I am still working/Date of retirement:</b>
<b>My Spouse's Pension Policy/Plan #:</b>	<input type="checkbox"/> <b>My spouse is still working/Date of retirement:</b>
<b>(Expected) Monthly Pension Amount:</b>	<b>Additional Information:</b>
<b>Life Insurance Company:</b>	<b>Life Insurance Policy #:</b>
<b>Life Insurance Amount:</b>	<b>Company Phone # and Address:</b>
<b>My Beneficiary:</b>	<b>Location of Important Papers:</b>
<b>Other Information Regarding my Insurance:</b>	

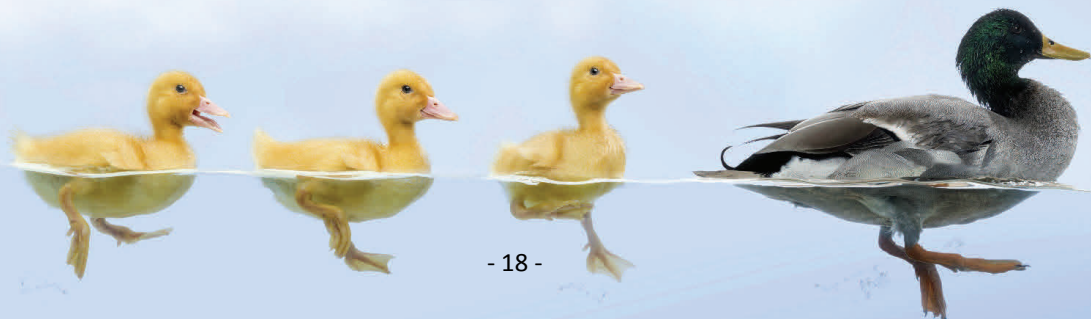


## My Government Pensions And Other Benefits

Seniors, Veterans, Persons with a disability and/or persons receiving Employment Insurance Benefits

<p><b>Do I receive OAS (Old Age Security Pension)?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>My monthly OAS benefits:</b></p>	<p><b>Do I receive GIS (Guaranteed Income Supplement)?:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>My monthly GIS benefits:</b></p>
<p><b>Do I receive Survivor's Allowance?:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>My monthly SA benefits:</b></p>	<p><b>Do I receive GAINS (Guaranteed Annual Income Supplement)?:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>My annual GAINS benefits:</b></p>
<p><b>Do I receive CPP (Canada Pension Plan)?:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>My monthly CPP benefits:</b></p>	<p><b>Do I receive Disability Benefits?:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>My monthly benefits:</b></p>
<p><b>Do I receive EI (Employment Insurance)?:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>My EI benefits:</b></p>	<p><b>Do I receive War Veterans Allowance?:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>My benefits:</b></p>

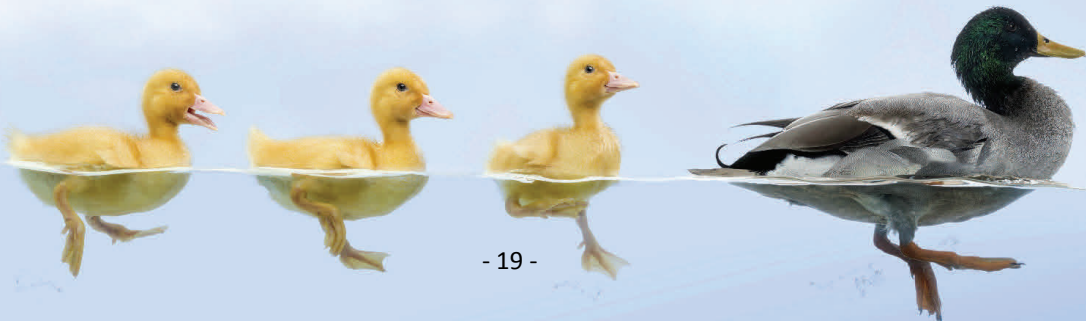
**Other Financial Information Regarding my Pensions and Other Benefits:**  
 (please include other pensions and financial benefits not listed elsewhere in document)





## My Financial Commitments: What I Owe

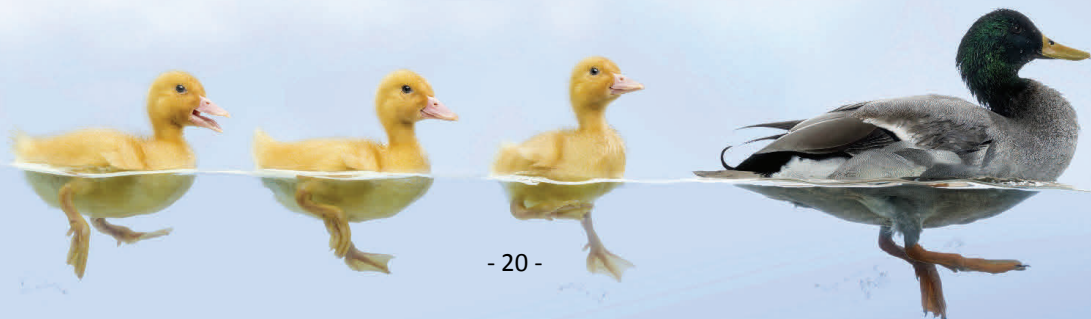
<b>Type of Debt:</b>	<b>Amount Owed:</b>
<b>Name of Loan Company:</b>	<b>Contact Information:</b>
<b>Type of Debt:</b>	<b>Amount Owed:</b>
<b>Name of Loan Company:</b>	<b>Contact Information:</b>
<b>Type of Debt:</b>	<b>Amount Owed:</b>
<b>Name of Loan Company:</b>	<b>Contact Information:</b>
<b>Type of Debt:</b>	<b>Amount Owed:</b>
<b>Name of Loan Company:</b>	<b>Contact Information:</b>
<b>Type of Debt:</b>	<b>Amount Owed:</b>
<b>Name of Loan Company:</b>	<b>Contact Information:</b>
<b>Additional Notes:</b>	



## Things I Rent or Own: My Property

This section will allow you to record information about possessions that you rent or own and how to care for them. Property type may include: house, apartment, time-share, vacation/mobile home, condo, co-op, multi-family, commercial, land.

<b>Type of Property:</b>	<b>Address:</b>	<b>Rent or Own?:</b>	<b>Mortgage?:</b>
			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Location of Important Papers</b> (Mortgage or Rental Agreement):	<b>Name/Address of Property Manager</b> (if renting):	<b>Cost of Rent or Mortgage/Month:</b>	<b>Mortgage Insurance?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Important Information:</b>
			Yes      No
<b>Type of Property:</b>	<b>Address:</b>	<b>Rent or Own?:</b>	<b>Mortgage?:</b>
			Yes      No
<b>Location of Important Papers</b> (Mortgage, Rental Agreement):	<b>Name/Address of Property Manager</b> (if renting):	<b>Cost of Rent or Mortgage/Month:</b>	<b>Mortgage Insurance?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Important Information:</b>
<b>Type of Property:</b>	<b>Address:</b>	<b>Rent or Own?:</b>	<b>Mortgage?:</b>
			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Location of Important Papers</b> (Mortgage or Rental Agreement):	<b>Name/Address of Property Manager</b> (if renting):	<b>Cost of Rent or Mortgage/Month:</b>	<b>Mortgage Insurance?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Important Information:</b>
<b>Home Insurance Company:</b>	<b>Policy#:</b>	<b>Contact Information:</b>	<b>Primary Beneficiary:</b>
<b>Other Information Regarding My Property or Home Insurance:</b>			



# Things I Rent or Own: My Home Health Care Equipment

This section will allow you to record information about possessions that you rent or own and how to care for them when you no longer can. Home Health Care Equipment may include: mobility aids (wheelchair, scooter, etc.), lifts and elevators, automotive, assistive devices (respiratory, visual & communication aids).

Type of Equipment:	<input type="checkbox"/> Rent <input type="checkbox"/> Own Include name of health care company equipment is rented or purchased from and contact information:	<b>Payment Agreement:</b> If you rent, include cost of rent per month, if you own, include purchase cost:	<b>Location of Papers</b> (Rental Agreement, Receipts, Funding Applications):

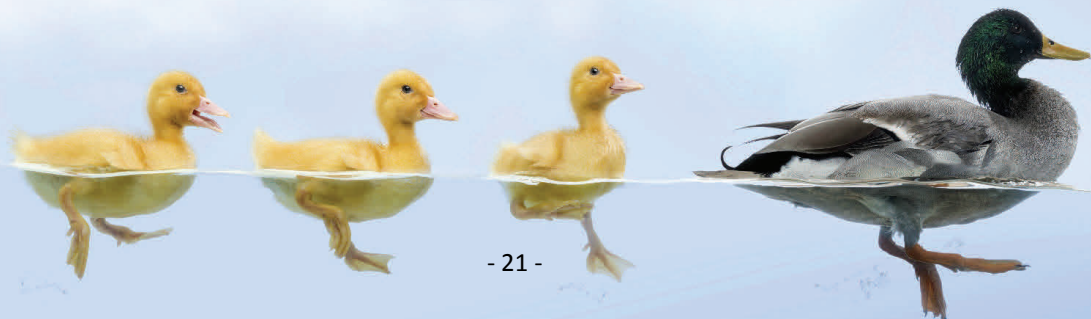
**Other Information Regarding My Equipment** (Include instructions for how equipment is cared for after your death):

Type of Equipment:	<input type="checkbox"/> Rent <input type="checkbox"/> Own Include name of health care company equipment is rented or purchased from and contact information:	<b>Payment Agreement:</b> If you rent, include cost of rent per month, if you own, include purchase cost:	<b>Location of Papers</b> (Rental Agreement, Receipts, Funding Applications):

**Other Information Regarding My Equipment** (Include instructions for how equipment is cared for after your death):

Type of Equipment:	<input type="checkbox"/> Rent <input type="checkbox"/> Own Include name of health care company equipment is rented or purchased from and contact information:	<b>Payment Agreement:</b> If you rent, include cost of rent per month, if you own, include purchase cost:	<b>Location of Papers</b> (Rental Agreement, Receipts, Funding Applications):

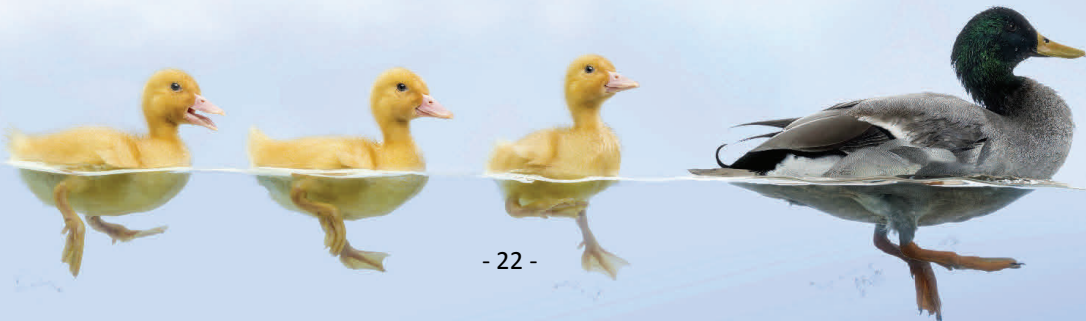
**Other Information Regarding My Equipment** (Include instructions for how equipment is cared for after your death):



## My Home: Important Contacts

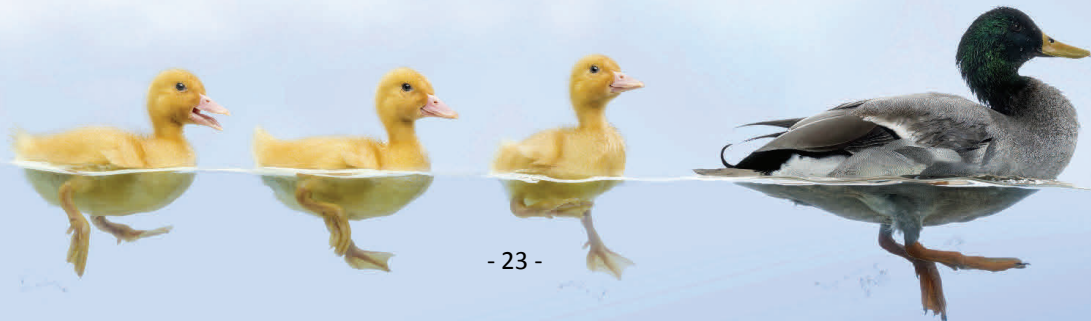
There may be some important people who help to take care of your home who you would like others to know about. Consider the following: plumber, electrician, well/septic experts, landscaper, garbage removal, snow care, mechanic, cleaning staff, etc. Are there things about your home that only you know and that others may need to know? For example, is there specific information about your furnace, hot water heater, turning the water on/off, or seasonal chores?

Position/Company:	Contact Information:
Notes:	
Position/Company:	Contact Information:
Notes:	
Position/Company:	Contact Information:
Notes:	



## Things I Own: My Vehicles

<b>Type of Vehicle (car, truck, boat, other):</b>	<b>Year/Make/Model:</b>
<input type="checkbox"/> <b>Own</b> <input type="checkbox"/> <b>Lease/Leasing Company Info:</b>	<b>To whom would I like to give this vehicle:</b>
<b>Type of Vehicle (car, truck, boat, other):</b>	<b>Year/Make/Model:</b>
<input type="checkbox"/> <b>Own</b> <input type="checkbox"/> <b>Lease/Leasing Company Info:</b>	<b>To whom would I like to give this vehicle:</b>
<b>Automobile Insurance Company:</b>	<b>Policy #/Amount:</b>
<b>Contact Information:</b>	<b>Primary Beneficiary:</b>
<b>Other Information Regarding My Vehicles (example: maintenance information):</b>	



# My Notes

Anything we missed? Jot it down here.

A large, empty white rectangular area intended for taking notes.

